

SURGERY PERMISSION FORM



I _____ request that my pet _____, receive the following type(s) of surgery to be performed by Complete Pet Care Animal Hospital at Falls Pointe. (Please initial all that apply)

_____ **Spay** : Pregnant or in-heat females will have additional surgery charges due to increased surgery time and surgical materials used.

_____ **Neuter** : Cryptorchid males (pets that have one or no testicles descended) will have additional surgery charges due to increased surgery time and surgical materials used.

_____ **Declaw** : **Front** **Back** **All** (routine declaw is front feet only)

We recommend having a fentanyl patch placed for optimal pain control. If not placed prior to surgery, an injection can be given until the patch is effective (within 12 hours).

The fentanyl patch will last for at least 72 hours.

**** I approve the fentanyl patch. _____ (initial)

_____ **Dental cleaning** : If your pet needs a dental cleaning, this is the perfect time to take care of his or her teeth as well! A dental cleaning includes ultrasonic cleaning and polishing of the teeth, meticulous gum care, and a careful inspection of the oral cavity.

Additional charges may occur if extractions are necessary or if antibiotics are sent home due to severe gum disease or bacteria buildup.

**** I authorize any extractions found necessary. _____ (initial)

**** Please call first before any additional procedures. _____ (initial)

_____ **Other Procedures** : _____

**** For the safety of both my pet and the staff, he or she must be current on rabies, distemper, kennel cough (dogs only), and annual fecal examination and must be free from external parasites. (If my pet is not current, or current records are unavailable, I understand that my pet's vaccines, tests and treatment will be updated today.) The vaccines, internal parasite test and/or flea treatment will be in addition to all other charges. _____ (initial)

**** *Pets with heartworms have a much greater risk under anesthesia. My pet is on _____ heartworm prevention.*

**** I further understand that even with extreme care, rare adverse reactions, which are unpredictable, may occur with any anesthetic procedure. These reactions may include cardiac arrest, respiratory arrest and/or death. _____ (initial)

Please let us know if your pet has ever had a reaction to an anesthetic agent.

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PETS UNDER 6 YEARS OF AGE

Before any pet is put under general anesthesia, the doctor will do a thorough examination (nose to toes); however, the doctor is limited in what they can feel in this physical exam. The **pre-anesthetic blood panel** gives him or her a peek inside, allowing him or her to check your pet's red blood cells, and various organ functions, to be sure he or she are able to remove the anesthetic agents from your pet's body after surgery for a smooth recovery. This test assists the doctor in determining the appropriate anesthetic drugs for your pet.

I approve the bloodwork : _____ (initial)

I decline the bloodwork : _____ (initial)

(I understand that by declining the bloodwork, I may be compromising the health of my pet, which may result in death.)

PETS OVER 6 YEARS OF AGE, OR SICK PETS

For our "senior" pets undergoing surgery, we recommend a **general blood screening panel**. A general blood panel consists of a full organ workup, a total protein, and red blood cell evaluation. These results are important as our pets get older to make anesthesia as safe as possible. If abnormalities are detected, the doctor may recommend further testing, special monitoring during and after the procedure, and/or postponing the surgery at this time.

I approve the bloodwork : _____ (initial)

I decline the bloodwork : _____ (initial)

(I understand that by declining the bloodwork, I may be compromising the health of my pet, which may result in death.)

The "HomeAgain" identification microchip implant is available for your pet's safety. We are happy to implant this chip today while your pet is already under sedation. If you have any questions about the benefits of the chip, please ask one of our team members.

I approve the microchip : _____ (initial)

I decline the microchip : _____ (initial)

Signature

Date

Phone (between 9:00 a.m. & 1:00 p.m.) : _____